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<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>		<b>Complete if Known</b>	
<b>Fee TRANSMITTAL</b> <b>For FY 2007</b>		Application Number	10/760,461-Conf. #1408
<input type="checkbox"/> <b>Applicant claims small entity status. See 37 CFR 1.27</b>		Filing Date	January 21, 2004
<b>TOTAL AMOUNT OF PAYMENT</b> <b>(\$)</b> <b>790.00</b>		First Named Inventor	Jun SOMEYA
		Examiner Name	R. Liang
		Art Unit	2629
		Attorney Docket No. 1190-0581P	

**METHOD OF PAYMENT** (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify) _____
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number	02-2448		
Deposit Account Name Birch, Stewart, Kolasch & Birch.				

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Credit any overpayments

**FEES CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		Multiple Dependent Claims	
			Fee (\$)	Fee Paid (\$)	Fee (\$)	Fee Paid (\$)
-	-	=	x	=		
HP = highest number of total claims paid for, if greater than 20						

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	
			Fee (\$)	Fee Paid (\$)
-	-	=	x	=
HP = highest number of independent claims paid for, if greater than 3				

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

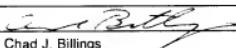
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-	-	-	-	-

- 100 = \_\_\_\_\_ /50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

Non-English Specification. \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) **1801 Request for continued examination (RCE) (see 37 ...)** **790.00**

<b>SUBMITTED BY</b>	
Signature	
Name (Print/Type)	Chad J. Billings
Registration No (Attorney/Agent)	48,917
Telephone	(703) 205-8000
Date	August 10, 2007